

Carrier's Name: ENVIRONMENTAL RESTORATION LLC

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

Non-Responsive

at CANTERBURY RD. (Date) 1-4-2011 FROM US EPA / CANTERBURY RD MERCURY SPILL

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof if this is a rail or rail water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address for purposes of notification only.)

Consigned TO RADER ENVIRONMENTAL

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Destination 312 HAZEN ST. Street FINLEY City _____County OHIO State 45840 Zip _____Route BESTWAY Delivery Address ★

(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____

Collect on Delivery \$ _____ And Remit to _____

Street _____ City _____ State _____

No. Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Subject to Correction)	Class or Rate	Check Column
1		MERCURY, ELEMENTAL (For Recycle)	10 ^{1/2}		

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

James W. 1/4/11 Shipper, Per ERLLC 1/4/11 Agent

Permanent post-office address of shipper, _____

Per 6² Revolution

3

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

C. O. D. Charges to be

Paid by

☐ Shipper ☐ Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described herein.

Agent or Clerk

Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

\$ _____

*The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification.

†Shipper's Impert in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

949359



HM Environmental Services, Inc

Daily Service Receipt

42826 N. Walnut - Mt. Clemens, MI 48043
Phone (586) 469-0041 - Fax (586) 469-1014

Customer:

Generator:

Date: 01/18/2011

Order #: 58580

PO #:

Approval #:

Waste Stream: NON HAZ DEBRIS

Disposal Site: WOODLAND

Shop Time: 9:00 AM

Site Time: 11:00 AM

ENVIRONMENTAL 7007 ANGLE ROAD SUITE E MIDDLEBURG OH, 44130 Rick (314) 228-7342	EPA SITE - PRIVATE RESIDENCE Non-Responsible CANTERBURY ROAD ANN ARBOR MI, ED KIERNICKI ENVIRONMENTAL 586-246-2321
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EQUIPMENT	Start Time	Arrive Site	Depart Site	Arrive Disposal	Depart Disposal	Finish Time
/SER008	9:00 AM	10:30 AM	11:15 AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM

Manifest #: T-2074

Waste Qty: 4 X 55 gal. DMS.

SITE PERSONNEL	Start Time	Arrive Site	Depart Site	Finish Time	Air Time	Per Diem
KEITH OLSEN	9:00 AM	10:30 AM	11:15 AM	AM	AM	
	PM	PM	PM	PM	PM	
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	

Suits _____ Boots _____ Gloves _____ Overpacks _____ Labels _____ Sorbent Pads _____

Drums _____ Hoses _____ Feet _____ Box Liner _____ Mileage _____ Fuel _____

SPECIAL INSTRUCTIONS

PICK UP 4 DRUMS, 1 TIME PICK UP, EPA SITE CLEAN UP FOR ENVIRONMENTAL RESTORATION. SITE CONTACT IS ED KIERNICKI 586-246-2321

COMMENTS

TRAVEL TO SITE LOAD AND DO PAPERWORK
FOR 4 DRUMS

All work has been completed to my satisfaction.


Customer

1/18/11
Date


Authorized Personnel

1/18/11
Date



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of		
3. Generator's Mailing Address: US EPA / CRANTENBURY RD, SPILL 9311 GROH RD. GROSS LE, MI 48135		Generator's Site Address (if different than mailing): US EPA / CRANTENBURY RD, SPILL 9311 GROH RD. ^{Non-Responsive} CRANTENBURY RD GROSS LE, MI 48135 ANN ARBOR, MI WAYNE COUNTY		A. Manifest Number WMNA T 2074		
4. Generator's Phone 586-246-2321		B. State Generator's ID				
5. Transporter 1 Company Name EPA-HM ENVIRONMENTAL		6. US EPA ID Number		C. State Transporter's ID MD0001728		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address Woodland Meadows RDF 5900 Hannan Rd Wayne, MI 48184		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility ID		
				H. State Facility Phone 734-326-0993		
GENERATOR	11. Description of Waste Materials		12. Containers	13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments
	a. Clean up debris WM Profile # 107440M		No. Type			
	b.					
	WM Profile #					
	c.					
	WM Profile #					
TRANSPORTER	d.					
	WM Profile #					
	1. Additional Descriptions for Materials Listed Above Color: brown Odor: no Physical State: solid		K. Disposal Location			
		Cell	Level			
		Grid				
15. Special Handling Instructions and Additional Information						
Purchase Order # CRS-54 EMERGENCY CONTACT / PHONE NO.: Ed Kiernicki/ 586-246-2321						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name Jeffrey L. Pappert		Signature On behalf of		Month 01	Day 18	Year 11
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name Keith Olsen		Signature Keith Olsen		Month 01 Day 18 Year 11
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY